



STEVEN L. BESHEAR
GOVERNOR

ROBERT D. VANCE
SECRETARY

PUBLIC PROTECTION CABINET
DEPARTMENT OF HOUSING, BUILDINGS AND CONSTRUCTION
DIVISION OF HVAC
TIM HOUSE, ACTING DIVISION DIRECTOR
101 SEA HERO ROAD, SUITE 100
FRANKFORT, KENTUCKY 40601-5405
TELEPHONE: (502) 573 – 0395 FAX: (502) 573 – 1401
WEBSITE: WWW.OHBC.KY.GOV

DUPLICATE COPY REQUEST

I hereby make application for a duplicate copy of my HVAC License number _____.

Duplication fee of \$10.00 enclosed. (Make check payable to Kentucky State Treasurer)

Personal Information

Name: _____ Telephone #: (_____)_____-_____
Last First Initial

Address: _____
(Street, Route, or P O Box Number) (County Name)

City: _____ State: _____ Zip: _____

Company Information

Company Name: _____ Telephone #: (_____)_____-_____
(Street, Route, or P O Box Number) (County Name)

Company Address: _____
(Street, Route, or P O Box Number) (County Name)

City: _____ State: _____ Zip: _____

Send Mail to: Home Address _____ Company Address _____

Applicant Signature: _____ SS#: _____-_____-_____

HVAC 15 (07-08)



Equal Opportunity Employer M/F/D